



## ***TIMELINES FOR CORRECTION of NONCOMPLIANCE***

<b><u>Days</u></b>	<b><u>Category</u></b>
<b>30</b>	<b>Denial of FAPE (must be corrected in <u>30</u> days)</b>
<b>60</b>	<b>Noncompliant and problematic (must be corrected in <u>60</u> days)</b>
<b>NA</b>	<b>Items that cannot be corrected without a time-traveling machine.</b>

### **TIMELINES:**

- NA A. 8/1/2007 and later only: Initial evaluations were completed within 60 days of date parental consent was received.
- NA B. 8/1/2007 and later only: Initial IEP was conducted within 30 days of the initial ER.
- 60 C. The student is reevaluated every three years OR the parents and the school district agreed that a reevaluation was unnecessary.  
*Correction: Reevaluate through ER or us IEP process for team to document unnecessary.*
- NA D. IEP was in effect at beginning of school year
- 30 E. IEP is reviewed every twelve months  
If "No" was checked above, does the student have a current IEP?  
*If IEP is not current, CORRECTION: Conduct annual IEP meeting (not IEP Amendment.)*

### **Special education record includes:**

- 60 A. Access log  
*Correction: Letter of Assurance that Access Log has been placed in student record.*
- 30 B. Information about this student only  
*Correction: Letter of Assurance that other student information has been removed.*
- 60 C. Referral (8/1/2007 and later only)  
*Correction: Reconstruct Referral*  
**NOTE:** A "reconstructed" referral is a "Yes." An original referral before 8/21/07 is an "N/A."
- NA D. Evaluation Plan (8/1/2007 and later only)
- NA E. Evaluation Data (summaries of assessments, test protocols, et. al.)  
*Correction: Letter of Assurance that data has been placed in record.*
- 30 F. Current Evaluation Report report  
*Correction: Conduct ER meeting or document that reevaluation is not necessary.*
- 30 G. Current IEP  
*Correction: Conduct annual IEP meeting (not IEP Amendment.)*
- 60 H. Progress Reports sent to parents  
*Correction: Send progress reports for most recent reporting period.*

**REFERRAL includes:**

- 60 A. Regular education interventions tried  
*Correction: Reconstruct*
- 60 B. Specific reasons for the referral  
*Correction: Reconstruct*
- NA C. Signature of person making referral

**EVALUATION PLAN includes:**

- A. Why the student is being evaluated  
*Correction: NA*
- 30/60 B. A parent signature for permission\*  
\* \_\_ \_\_ If written permission was not obtained for reevaluation, record has documentation of attempts to obtain  
*Correction: Obtain permission/Provide documentation*
- 30 C. The Evaluation Plan was provided in the parents' native language  
*Correction: Letter of Assurance that parent has been informed of rights in native language.*

**ER REPORT includes:**

- A. Parent comments  
*Correction: NA*
- 30 B. Current classroom-based assessments (CBA)  
*Correction: Conduct ER meeting with all required components.*
- 30 C. CBA includes the student's involvement and progress in the general curriculum  
*Correction: Conduct ER meeting with all required components.*
- 30 D. Observations by teachers and/or related services providers  
*Correction: Conduct ER meeting with all required components.*
- 30 E. All assessments marked on Evaluation Plan were conducted  
*Correction: Complete assessment, reconvene ER or IEP meeting.*
- NA F. Only assessments marked on the Evaluation Plan were conducted
- 30 G. Implications for educational planning for all assessment areas  
*Correction: Conduct ER meeting with all required components.*
- 30 H. (Initial ER) - Disability criteria  
*Correction: Conduct ER meeting with all required components.*
- 30 I. Need for special education and related services  
*Correction: Conduct ER meeting with all required components.*
- 60 J. Disability category(ies): \_\_\_\_\_  
*Correction: Conduct ER meeting with all required components.*
- 30 K. (Initial ER) - The results of assessments in all areas related to the suspected disability  
*Correction: Conduct ER meeting with all required components.*

**Evaluation Report includes:**

- Parent(s)
- 30 If parent did not attend, records of attempts to arrange a mutually agreed on time/place  
*Correction: Conduct ER meeting with all required members or document new attempts to have parent attend.*
- 30 Administrator

*Correction: Conduct ER meeting with all required members.*

**30 Regular education teacher**

*Correction: Conduct ER meeting with all required members.*

**30 Special education teacher or Speech and language pathologist**

*Correction: Conduct ER meeting with all required members*

**30 Teacher or specialist with knowledge in the area of suspected disability**

*Correction: Conduct ER meeting with all required members*

REQUIRED FOR <u>INITIAL</u> ER MEETING	AU	CD	DB	DE	ED	HI	LD	SI	TBI
School Psychologist	X	X			X		X		X
Speech-language Pathologist	X		X	X or X		X or X		X	X
Audiologist									

**30** *Correction: Conduct ER meeting with all required members;*

**IEP includes:**

**60 A. Concerns of the parents**

*Correction: IEP Amendment or new IEP meeting.*

**Consideration of:**

*Correction: IEP Amendment or new IEP meeting.*

**60 B. Whether student behavior impedes learning (Checked “Yes”: \_\_)**

**60 C. Communication needs (Checked “Yes”: \_\_)**

**60 D. Assistive technology devices/services (Checked “Yes”: \_\_)**

**60 E. Limited English Proficiency (Checked “Yes”: \_\_)**

**30 F. If any item in C-F is checked “Yes,” the need is addressed in the IEP**

*Correction: IEP Amendment or new IEP meeting.*

**30 For student who is blind or visually impaired, consideration of:**

Orientation and mobility = Yes \_\_ or No \_\_ (If Yes, training must be in IEP)

Instruction in Braille = Yes \_\_ or No \_\_ (If No, minutes must say “Why not”)

*Correction: IEP Amendment or new IEP meeting.*

**G. Present level of academic achievement and functional performance (PLAAFP)**

**30 PLAAFP is present (if no, proceed to next item)**

**60 Describes academic performance (knowledge: qualitative and quantitative)**

**60 Describes functional performance (ability to apply knowledge)**

**60 Describes how the disability affects involvement and progress in the regular curriculum or for preschool students, involvement in appropriate activities**

*Correction: IEP Amendment or new IEP meeting.*

**H. Measurable annual goals (MAG)**

**30 MAG is present (if no, proceed to next item)**

**60 Is aligned with PLAAFP (meets needs identified in PLAAFP)**

**60 Describes expected level of performance**

**60 Includes how performance will be measured**

**60 MAG addresses enabling the child to be involved in and make progress in the regular curriculum or, for preschool children, to participate in appropriate activities**

*Correction: IEP Amendment or new IEP meeting.*

**I. COMPLETE THIS ITEM ONLY for children who take the CRT-ALT:**

**Short-term Objectives or Benchmarks which are measurable (STOB)**

**30 STOB is present (if no, proceed to next item)**

**60 Is aligned with PLAAFP (meets needs identified in PLAAFP)**

**60 Describes expected level of performance**

**60 Includes how performance will be measured**

**30 J. If student does not participate in Physical Education, specially designed physical education is included in the IEP: Yes ☐ No ☐**

*Correction: IEP Amendment or new IEP meeting.*

**60 K. How often progress reports will be sent to parents**

*Correction: IEP Amendment or new IEP meeting.*

**30 L. IEP considers the results of the most recent ER**

*Correction: IEP Amendment or new IEP meeting.*

**30 M. IEP team addressed any lack of progress in the general curriculum**

*Correction: IEP Amendment or new IEP meeting.*

**30 N. The frequency, location, and date of initiation of special education and related services**

*Correction: IEP Amendment or new IEP meeting.*

**30 O. The child's placement:**

*Correction: IEP Amendment or new IEP meeting.*

**a. is based on the child's IEP**

**b. is as close as possible to the child's home**

**c. is in the school that he/she would attend if nondisabled**

**d. In selecting the LRE, consideration is given to any potential**

**harmful effect on the child or on the quality of services that he or she needs**

**30 P. Supplementary Aids and Services for the student, including modifications or supports for school personnel.**

*Correction: IEP Amendment or new IEP meeting.*

**30 Q. Participation in State/Districtwide Assessments**

*Correction: IEP Amendment or new IEP meeting.*

**30 R. Extended School Year services were considered**

*Correction: IEP Amendment or new IEP meeting.*

**60 S. IEP Accessibility and Responsibilities**

*Correction: IEP Amendment or new IEP meeting.*

**IEP Team includes:**

**Parent(s)**

**30 If parent did not attend, records of attempts to arrange mutually agreed on time/place**

*Correction: Conduct IEP meeting with all required members or document new attempts to have parent attend.*

**30 Written consent for initial and annual placement was obtained prior to placement**

*Correction: IEP Amendment or new IEP meeting.*

**30 Administrator**

*Correction: Conduct IEP meeting with all required members.*

- 30 Regular education teacher  
*Correction: Conduct IEP meeting with all required members.*
- 30 Special education teacher or speech and language pathologist  
*Correction: Conduct IEP meeting with all required members.*
- 30 Teacher or specialist with knowledge in the area of suspected disability  
*Correction: Conduct IEP meeting with all required members.*
- 30 Representative of other agency (transition IEP)  
*Correction: Conduct IEP meeting with all required members*
- 30 IEP Team Member Excusal:  
*Correction: Conduct ER meeting with all required members.*

TRANSITION IEP includes: (Beginning with the IEP to be in effect on the child's 16<sup>th</sup> birthday)

- 30 A. The student's desired post-school activities were considered  
*Correction: IEP Amendment or new IEP meeting*
- 30 B. Age appropriate transition assessment was conducted for training, education, employment, and, if appropriate, independent living skills.  
Assessment was conducted but did not include training, education, employment, or independent living skills. (circle missing items)  
*Correction: IEP Amendment or new IEP meeting*
- 30 C. Measurable post-secondary goals related to education or training, employment and, if appropriate, independent living skills.  
*Correction: IEP Amendment or new IEP meeting*
- 30 D. The IEP includes the Courses of Study for at least the duration of the IEP.  
*Correction: IEP Amendment or new IEP meeting*
- 30 E. Needed transition services  
*Correction: IEP Amendment or new IEP meeting*
- 30 F. The district invited (with parent permission) any other agency that is likely to be responsible for providing or paying for transition services  
*Correction: New IEP meeting*
- 30 G. If the agency failed to provide the transition services described in the IEP, the district reconvened the IEP team to identify alternative strategies.  
*Correction: IEP Amendment or new IEP meeting*
- 30 H. The student's measurable annual goals and transition services will reasonably enable the student to meet the identified post-secondary goals.  
If no, explain why: \_\_\_\_\_  
*Correction: IEP Amendment or new IEP meeting*

If student is age 17:

- 60 A. Student was informed of rights that will transfer at age of majority
- 60 B. Parents were informed of rights that will transfer at age of majority  
*Correction: IEP Amendment or new IEP meeting*

IEP Amendment:

- 60 A. Indicates the date of the IEP being amended  
*Correction: IEP Amendment or new IEP meeting.*
- 30 B. Indicates what areas of the IEP are being amended

*Correction: IEP Amendment or new IEP meeting.*

- 30 C. Copies of changes to IEP are attached  
*Correction: Letter to parent including copies of changes.*  
NOTE: Review only most recent IEP Amendment

- 30 Amendment approved by:  
Parent(s)  
District

*Correction: Get signatures.*

**TRANSFER STUDENTS** **Current school year only.**

- 30 A. **In-state transfer**

The district implemented the student's IEP

Date of documentation: \_\_\_\_\_

*Correction: IEP Amendment or new IEP meeting*

- 30 B. **Out-of-state transfer—the district:**

i. determined that student is eligible in Montana

Date of Determination: \_\_\_\_\_

ii. implemented the student's IEP

Date of documentation: \_\_\_\_\_

*Correction: IEP Amendment or new IEP meeting*